

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 07-JAN-2016		TIME 22:29:00	2. ADDRESS OF OCCURRENCE 3240 S CLAREMONT AVE CHICAGO, IL 60608				3. LOCATION CODE 277	4. BEAT/OCCUR 0912	
	5. POSITION 9161	6. LAST NAME CALDERON JR	7. FIRST NAME GERARDO	8. STAR NO. 17623	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WWH	11. AGE [REDACTED]	12. HT. 601	13. WT. 185	
	14. DATE OF APPT. 15-JUL-2013	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 009 0911R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME JUAREZ	21. FIRST NAME JOSE	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. 07-JUL-1995	26. HT. 507	27. WT. 130		
	28. ADDRESS 2510 S HAINSWORTH NORTH RIVERSIDE, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED <input type="checkbox"/> DNA	37. CB NO. 00000000	IR NO.	<input type="checkbox"/> DNA			
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA		38. SUBJECTS ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		40. ADDITIONAL INFORMATION POINTED GUN IN DIRECTION OF PO			
			41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
			45. MAKE/MANUFACTURER SPRINGFIELD ARMORY M1A		46. MODEL XDM		47. BARREL LENGTH 3.8		48. CALIBER/GAUGE 9 MM	
			49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters) MG731754	51. CHICAGO GUN REG. NO. R033300S	52. IL FIREARM OWNER ID. NO. 95040954	53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 2				
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
70. EVENT NO. 1600714863										
71. RD. NO. HZ107878										
72. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
73. REPORTING MEMBER (Print Name) CALDERON JR, GERARDO 08-JAN-2016 04:46:58										
74. REVIEWING SUPERVISOR (Print Name) BEAZLEY, THOMAS P										
STAR/EMPLOYEE NO. 17623				SIGNATURE [REDACTED]		DATE REVIEWED 08-JAN-2016				
STAR NO. 182				SIGNATURE [REDACTED]		TIME 04:47:43				

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject requested to be represented by an attorney.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. CALDERON, Gerardo #17623 acted in compliance with Department policy in that while in pursuit of an armed suspect he fired his weapon in fear for his life after the suspect while running swung his arm back pointing his weapon in Ofc. CALDERON's direction. Neither Ofc. CALDERON nor the suspect were injured.

Log#1078789

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1078789 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) RUIZ, BERSCOTT F	SIGNATURE 	DATE COMPLETED 08-JAN-2016 04:51:42	TIME
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79. TOTAL TRR's THIS EVENT No.

1